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ABSTRACT

Although self-disclosure is generally considered to be an essential ingredient of existential approaches to counseling, the concept itself is not well-defined and its effects on counseling process and outcome have not been clearly documented. This study examined the potential effects of self-disclosure in a clinical setting. Sixty male college seniors with deficient job-interviewing skills were randomly assigned to one of five treatments in a 2 x 2 + 1 design. The presence or absence of two kinds of counselor self-disclosures were crossed and embedded in a standard interview skills training program. The standard program and an additional no treatment cell served as control conditions. Four different counselors treating subjects on an individual basis provided predetermined genuine self-disclosures at different points in the interviews. Their self-disclosures reflected the qualities of intimacy and /or skill display. Comparisons between the existential and coping-mastery model literatures were drawn. The supposition that counselor self-disclosures lead to improvement in counseling process and outcome was not supported. (Author/NB)

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The Effect of Several Self-disclosure Permutations On Counseling Process and Outcome.

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Running Head: SELF-DISCLOSURE PERMUTATIONS

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Abstract

Sixty male college seniors with deficient job-interviewing skills were randomly assigned to one of five treatments in a 2 x 2 + 1 design. The presence or absence of two kinds of counselor self-disclosures were crossed and embedded in a standard interview skills training program. The standard program and an additional no treatment cell served as control conditions. Four different counselors treating subjects on an individual basis provided predetermined genuine self-disclosures at different points in the interviews. Their self-disclosures reflected the qualities of intimacy and/or skill display. Comparisons between the existential and coping-mastery model literatures were drawn. The supposition that counselor self-disclosures lead to improvements in counseling process and outcome was not supported.

The Effect of Several Self-disclosure Permutations On Counseling Process and Outcome

Although self-disclosure is generally considered to be an essential ingredient of existential approaches to counseling, the concept itself is not well defined and its effects on counseling process and outcome have not been clearly documented. Client self-disclosure is, of course, a sine qua non for most schools of counseling and psychotherapy; but given its possibly curvilinear relationship with indices of mental health (Cozby, 1973), it should be considered as a means to an end rather than an end in itself. The advocacy of counselor self-disclosure appears to derive from the Rogerian quality labeled "congruence" (or genuineness) which formally means both the degree to which the counselor is self-insightful and the extent to which the counselor consequently acts without a facade (c.f. Rogers, 1961). If, in fact, one is willing to let the client "see inside," it is a short conceptual hop to recommending counselor self-disclosure as meritorious in its own right.

Cozby (1973) opened his extensive review of the literature with an all-encompassing definition ("any information about himself which Person A communicates verbally to a Person B," p. 73) and subsequently teased out amount, intimacy, and duration as basic self-disclosure parameters. Relatively little of the research in this area, however, pertains to counselor self-disclosure as a therapeutic ingredient. Early advocates reported

that counselor self-disclosure produced increments in client self-disclosure (e.g., Jourard & Jaffee, 1970) and also resulted in more favorable ratings of the counselor (e.g., Drag, 1968), both of which in turn were presumed to be related to client gain (e.g., Truax & Carkhuff, 1965).

Today, however, it is generally recognized that much of the early supporting data is correlational and/or was gathered prior to contemporary standards of methodological rigor. The effects of counselor self-disclosure are not consistent across all types of disclosure (e.g., Hoffman & Spencer, 1977; Mann & Murphy, 1975; McCarthy & Betz, 1978). Moreover, alternative methods of producing client self-disclosure exist (e.g., Stone & Stebbins, 1975; Vondracek, 1969). In sum, there is little data to support the supposition that self-revelations of the counselor ultimately lead to improvements in client outcome.

Although most recommendations for counselor self-disclosure derive from the existential perspective, developments in behavioral counseling theory during the past decade suggest the possibility of convergence in circumscribed areas. For example, the use of coping (as opposed to mastery) models (e.g., Kazdin, 1973) is highly compatible with two critical dimensions of self-disclosure. The first is intimacy or depth of information provided. A coping model is initially anxious, vulnerable, and not at all proficient, thus in theory facilitating the identification between model and observer. Counselors who self-

disclose intimate information could be construed as potential coping models.

It is important to underscore the word potential, because coping models must ultimately display the skills necessary to reach their goals. This second feature of self-disclosure has not been clearly articulated in the existential literature. Indeed, counselors who self-disclose continuing areas of personal dysfunction presumably fail to model the "right" behaviors (see also "nonexpertness" in the interpersonal influence paradigm of Strong, 1968). Conversely, counselors who self-disclose mastery (i.e., avoid intimacy) in areas of concern to the client, may miss the opportunity to increase their stature as powerful role models. Compared to no models (i.e., no self-disclosure) mastery models do work, but in theory not as well as coping models.

Both critical features of self-disclosure can be experimentally investigated in a basic 2 x 2 design in which the presence or absence of intimacy is crossed with the presence or absence of modeled skills. The cell defined by the absence of these factors represents no self-disclosure at all; the cell in which both factors are present represents a theoretically ideal form of self-disclosure containing both intimacy and skill display (i.e., a coping model). A mastery model is suggested by the skills-alone cell, whereas the intimacy-alone cell contains a behaviorally inert model (albeit one with potential nonspecific relationship effects). Any emerging main effects would establish

the efficacy of either self-disclosure component; interactions could suggest that these ingredients enhance or diminish each other's efficacy.

We chose to examine the potential effects of self-disclosure in a clinical rather than a laboratory setting and used job-interview-skill training as a basic intervention program on which the various self-disclosure permutations could be superimposed. We felt it essential to use "true" self-disclosures so we secured agreement from our counselors *a priori* to reveal or withhold relevant material from their personal histories as required by the experimental conditions. Although self-disclosure, as we defined it, may be theoretically rooted in the coping-mastery model literature, it is important to note that operationally credible modeling programs (e.g., Bandura, 1976) were not allowed to blossom; the boundaries of our interventions were sharply limited to preserve compatibility with an existential perspective of self-disclosure.

Method

Subjects

Sixty-two male seniors, from a pool of 199 identified as in need of interview skill training by corporate recruiters visiting a large northeastern state university, agreed to participate in this study. Skill deficits were verified by inspection of the pretest data prior to the subjects being randomly assigned to

treatment; two of the referred subjects were judged adequate in skill display and thus not assigned to treatment.

Measures

The College Self Expression Scale (CSES, Galassi, Delo, Galassi, & Bastien, 1974) is a general self-report measure of assertive behavior having well established reliability and validity (e.g., Galassi, Hollandsworth, Radecki, Gay, Howe, & Evans, 1976).

The Assertive Job Interview Index (AJII) is an experimenter constructed self-report device designed to tap assertive behaviors specific to proficiency in job-interviewing. Items were constructed by culling information from the written comments of 2016 corporate interviewers conducting 22,546 interviews during the previous academic year, by extracting similar information from an external study (Lumsden & Sharf, 1974) involving 120 interviewers, and by adopting and/or modeling items contained in other measures of assertion developed by Rathus (1973), Jones (1969), and Wilcoxon (1976). Examples are "Sometimes during an interview I am afraid I will get so nervous that I will shake all over" and "It's just not worth the risk to disagree with the interviewer." Fifty items were pilot tested on 39 other seniors. Five items were immediately discarded on the basis of student comments; the remaining 45 items yielded a coefficient alpha of .72. Items with adjusted item-total R's of

less than .50 were subsequently eliminated as well, leaving a 30 item Likert scale for use in this study.

The Self-Efficacy Scale (SES) is also an experimenter-constructed device; it contains 25 items calling for interpersonal skill in a job-interview (e.g., "The interviewer asks me to describe myself. I can deliver my response in a well organized way."). Subjects rate their capacity to deal with each situation on 100-point scales. Pilot testing with a group of 29 juniors and seniors enrolled in a career planning course, who had presumably satisfactory skill levels, yielded median scores ranging between 50 and 90. Thus, a ceiling problem was not expected to occur with our pool of nonproficient subjects.

Behavioral Ratings (BR) of verbal and nonverbal behavior were assessed via videotaped simulated on-campus interviews in which either of two male staff members of the University's Career Development and Placement center served as potential employers. Different question formats were used at pre- and posttest. The tapes were rated by two doctoral-student judges who along with the interviewers were experimentally blind to the hypotheses and the subjects' treatment conditions. Two of the ratings (duration of looking and responding) were determined with a stopwatch. The remaining five items (positive and negative self-statements; loudness of speech; fluency of speech; affect; gestures; and overall assertiveness) yielded an interrater reliability coefficient of .82.

The Counseling Evaluation Inventory (CEI; Linden, Stone, & Shertzer, 1965) is a well known and established measure of counselor effectiveness as determined by the client. Though it has been used in previous studies as an outcome variable, it is perhaps more appropriately construed as an index of counseling process. The item content directly reflects the sort of relationship qualities advocated by the existential school, and only indirectly addresses client gain.

Counselors

Four doctoral students (2m & 2f) delivered the treatments on an individual basis to equal numbers of students (n = 3) in each treatment condition. The counselors' training involved 1) the identification of self-disclosures that contained the qualities of intimacy and skill display and were also relevant to the task of job interviewing, 2) direct instruction in treatment procedures, 3) the viewing of videotapes in which treatment procedures were modeled, and 4) role played practice in each treatment modality. Multiple counselors, individually administered treatments, and small caseload-per-treatment n's were deliberately employed to preclude the possibility of counselor effects interacting with treatment, to reduce mono-operation and mono-method biases (Cook & Campbell, 1979), and to enhance external validity.

Procedures

Subjects were screened, accepted into the study, and treated during both semesters of an academic year. Successive "flights" of five subjects were randomly assigned to one of five treatment cells in a 2 x 2 + 1 design (presence or absence of intimacy by presence or absence of skill display plus wait-list control). Wait-list subjects were assessed concurrently with the other subjects in their respective flights. Subjects in the cell defined by the absence of the two main self-disclosure factors received a standard interview training program adapted from McGovern (1976). The self-disclosure permutations represented by the remaining three cells were embedded in this standard program. All active experimental and control treatments began on an average within ten days of pretesting; each treatment required two individual 50-minute sessions. All treatment sessions were audiotaped in order to verify adherence to the experimental conditions.

To preserve the quality of genuineness, variations existed in the specific content of each counselor's self-disclosure script. The delivery of the self-disclosures, however, occurred at five consistent points in the standard interview training program (breaking the ice, responding to a compliment, identifying special qualifications, responding to a criticism, and seeking information). Examples of specific intimate and

skillful self-disclosures used by different counselors at these different points in the interview are as follows:

Intimate. 1) As I was sitting in the waiting room ready for an interview, I could tell that my hands were sweating. The longer I sat there, the more I realized that they were cold and sweating. I was sure that the interviewer would notice, and after shaking hands with her, I was distracted by the thought that she knew I was nervous. 2) The first time I was complimented during a job interview I was unprepared for it -- pleased but so embarrassed I didn't really know how to respond. It was pretty awkward for me. 3) I can remember interviewing for a position in a hospital setting where most employees were either psychiatrists or social workers. Since I had a degree in counseling, I worried that the interviewers would see me as unqualified, or at best, too different to work in that organization.

Skillful. 1) I try to remember that everyone is nervous at the beginning of the interview, and that interviewers even expect it. I know that my hands sweat when I'm nervous and that's something I don't have control over. I just try to tell myself that I am probably more aware of my sweatiness than the interviewer and instead of focusing on it I should focus on the interviewer. 2) I was taught that saying anything good about myself was bragging. But in an interview the recruiter needs to learn about my strong points and accomplishments. I try to

remember that if the interviewer compliments me, it's probably an area he'd like me to expand upon, so I try to give details to illustrate my accomplishments. 3) I try to remember that my background and experiences are important even if they don't relate to the position I am seeking. I keep telling myself experience is experience and can be valuable even if it is different. I have to keep focusing on my positive attributes and relate them to the specific position I'm applying for.

For each counselor, the active experimental and control conditions differed only by the presence or absence of each self-disclosure component. In the combined treatment cell, subjects received both intimate and skillful self-disclosures at the designated points in the training program, whereas in the other cells, the subjects received either one or neither self-disclosure permutation.

Results

Preliminary analyses

Attrition. One subject withdrew from the combined cell. Moreover, the videotaped behavioral rating data for six additional subjects was destroyed through clerical error, requiring an analysis separate from the planned general MANOVA. Pre- and posttest data for all treatment cells are summarized in Table 1. Pretreatment equivalence. One way ANOVA's conducted on pretest scores indicated that none of the five treatment cells differed from each other on any measure prior to treatment.

Differential demand. A similar ANOVA conducted on the "expectancy" demand measure given after the first counseling session also revealed no differences between any treatment condition. An ANOVA on the "evaluation" demand measure following treatment was significant [$F(3,43) = 3.09$, $p < .04$], however, Bonferroni post hoc testing did not establish any significant contrast.

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insert Table 1 about here

Outcome effects

Two 2 x 2 (intimacy by skills) MANOVAs were conducted on raw gain scores. The first MANOVA applied to the CSES, AJII, and SE data yielded no main or interaction effects. The second MANOVA on the behavioral ratings yielded a significant interaction using the Pillai-Bartlett trace V criterion [$F(2,36) = 3.28$, $p < .049$]. Follow-up ANOVAs on the timed items scale (duration of looking and responding) yielded a similar interaction [$F(1,37) = 5.06$, $p < .03$]. No other effects were found. The nature of the interaction was that subjects who received either ingredient of self-disclosure scored higher than those who received both ingredients or none at all. In effect, the combined condition eroded the efficacy of the individual ingredients.

Process effects

A 2 x 2 (intimacy by skills) ANOVA conducted on the CEI posttest data revealed a significant negative effect for the skills factor. When counselors self-disclosed how they appropriately coped at critical junctures in the job interview, their counseling performance was downrated by their clients.

Analyses involving wait-list subjects

Inclusion of the wait-list control cell permitted an evaluation of the standard treatment control condition (albeit at relatively low statistical power). A series of t-tests between these two control conditions on the raw gain scores of each dependent measure, revealed superiority for the active control condition on SES [$t(22) = 1.71$, $p < .05$] and inferiority on the timed behavioral ratings [$t(19) = 2.49$, $p < .025$]. No other contrasts were significant, and the meaning of these two differences pales in the light of an alpha unadjusted for family-wise error.

Intercorrelations

At pretest the three self-report outcome devices ranged in correlation from .47 to .6. The two behavioral ratings also correlated at .6. Although the within-method relationships are theoretically consistent, the between-method correlations were low (ranging from -.02 to .25) and insignificant.

Gains in SE correlated with gains in the AJII at the .42 level; all other gain score correlations were not significant.

The correlation of .62 between the two experimental demand measures administered at different points in the intervention protocols is probably attenuated by the intervening treatment. However, the intended failure of either demand measure to correlate significantly with any index of therapeutic gain provides indirect evidence that demand characteristics were not responsible for our pattern of results.

Discussion

The results of this study do not support the supposition that counselor self-disclosures are particularly beneficial. Some evidence favoring either self-disclosure permutation deployed alone did appear on the timed behavioral rating, but that relatively circumscribed gain must be examined in the context of the skill-display variation yielding a detrimental effect on the CEI, our index of appropriate counseling process. Moreover, from an experimental construct validity standpoint (c.f., Cook & Campbell, 1979; McNamara & Horan, 1986), it is vexing to explain why an effect would appear on a somewhat remotely related behavioral index and not on the more directly related and presumably more malleable self-report devices.

The negative effect for the skills-display cells on the CEI is somewhat reminiscent of a finding by Hoffman-Graff (1977). She reported that interviewers making "positive" self-disclosures were less favorably rated by analog clients on relationship

indices than those who revealed "negative" aspects about themselves.

While ours was not an analogue study, a number of limitations pertinent to the concept of external validity should be noted. First, 54% of the client population was composed of engineering undergraduates; 22% were business administration majors, and another 20% were from other physical science fields. We also used only male clients. Although such percentages are representative of the larger university population using the university placement services, a different outcome pattern might occur with women clients and/or those having different academic/personality characteristics.

Second, we examined counselor self-disclosure only in the context of job-interview skills-training. Although ours was a clinically deficient population, and although the constancy of the intervention parameters permitted considerable experimental control, it may well be that interventions for other clinical problem areas such as anxiety or depression may be more favorably enhanced by the addition of counselor self-disclosure.

Third, a potentially adverse judgment on the utility of self-disclosure needs to be tempered with the knowledge that the standard interview skills training program was likewise not effective in producing client change. Subjects who received a highly relevant treatment (sans self-disclosures) were not

clearly better off than subjects who received no treatment at all.

Regardless of the foregoing speculations and observations, however, our current data do not support the supposition that counselor self-disclosures have a favorable impact on either counseling process or outcome. Indeed, the negative effect on the CEI registered by the skills-display permutation, suggests that counselors ought to be quite circumspect about its use.

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Table 1

Summary of Pre and Posttest
Data by Treatment Cell

	Treatment Cells				
	Combined Treatment	Intimacy Alone	Skills Alone	No Self-disclosures	Waiting List Control
College Self-expression Scale					
Pretest					
M	122.	128	123.17	136.58	125.25
SD	21.65	12.38	23.92	20.39	18.32
N	11	12	12	12	12
Posttest					
M	119.09	121.25	133.17	140.33	124.75
SD	21.43	32.37	21.11	23.73	16.93
N	11	12	12	12	12
Assertive Job Interview Index					
Pretest					
M	107.	111.08	115.83	109.67	107.58
SD	16.59	8.39	14.13	15.22	9.76
N	11	12	12	12	12
Posttest					
M	113.45	115.33	123.42	114	107.75
SD	10.42	8.53	16.27	12.45	9.93
N	11	12	12	12	12
Self-efficacy Scale					
Pretest					
M	1770.91	1738.33	1694.17	1752.50	1790.83
SD	385.68	208.53	282.34	323.23	321.60
N	11	12	12	12	12
Posttest					
M	1900.18	1962.50	2054.17	2022.50	1861.67
SD	299.73	150.88	179.97	227.04	259.89
N	11	12	12	12	12

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Table 1 (continued)

	Treatment Cells				
	Combined Treatment	Intimacy Alone	Skills Alone	No Self-disclosures	Waiting List Control
Behavioral Ratings: Timed Criteria in Seconds					
Pretest					
M	64.31	64.61	62.35	75.26	55.38
SD	39.98	23.98	29.54	29.85	25.83
N	9	11	12	9	12
Posttest					
M	47.64	78.57	58.99	56.51	59.88
SD	19.95	26.57	28.71	31.81	38.22
N	9	11	12	9	12
Behavioral Ratings: Untimed Criteria					
Pretest					
M	18.28	16.59	16.62	17.56	18.84
SD	4.74	4.35	5.81	3.66	2.55
N	9	11	12	9	12
Posttest					
M	17.56	17.82	18.83	15.94	17.75
SD	4.38	2.92	5.33	2.95	3.97
N	9	11	12	9	12
Expectancy Demand Measure					
Pretest					
M	36.45	38.58	38.58	37.58	
SD	4.28	4.25	2.71	4.64	
N	11	12	12	12	
Evaluation Demand Measure					
Posttest					
M	79.55	97.	95.42	72.88	
SD	18.89	38.58	16.99	26.67	
N	11	12	12	12	
Counseling Evaluation Inventory (CEI)					
Posttest					
M	92.73	97.17	96.88	99.25	
SD	5.74	.53	7.81	3.76	
N	11	12	12	12	

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